

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 19, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 90801, 90825, 90889 and 90844 for dates of service July 2, 2002 and July 30, 2002.

II. RATIONALE

- CPT Codes 90801, 90825 and 90889 for date of service 07/02/02, no EOB submitted by either party. Per the descriptors for the listed CPT codes these are considered timed code. Requesting party did not submit relevant information for this date of service to support delivery of service. Reimbursement is not recommended.
- CPT Code 90844 for date of service 07/30/02 denied as "A – preauthorization not obtained". Per Rule 134.600(h)(4) the healthcare provider requested and obtained preauthorization. The requestor submitted pre-authorization determination #71118179-1; therefore, reimbursement in the amount of \$122.00 is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT code 90844 in the amount of \$122.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$122.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf